

In re **Michael Paul Saiz**

Case No. **14-42047**
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				

Total: **\$0.00**

(Report also on Summary of Schedules)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash on hand	-	\$2.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Deposit NorthStar Bank Corinth, Texas (Checking 9639)	-	\$0.10
		Deposit Chase Corinth, Texas (Checking 5325)	-	\$0.96
		Deposit DATCU Denton, Texas (Savings 4701)	-	\$25.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security deposit American Homes 4 Rent Properties Two LLC (Landlord)	-	\$1,600.00
4. Household goods and furnishings, including audio, video and computer equipment.		Rugs in living room	-	\$100.00
		Sofas and chairs in living room	-	\$300.00
		Tables in living room	-	\$75.00
		Lamps in living room	-	\$30.00
		Window coverings in living room	-	\$50.00
		TV, stereo, and DVD player in living room	-	\$225.00
		Two (2) bookcases in living room	-	\$20.00

In re **Michael Paul Saiz**Case No. **14-42047**
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		Refrigerator in kitchen	-	\$400.00
		Small appliances in kitchen	-	\$40.00
		Table and chairs in kitchen	-	\$50.00
		Cookware in kitchen	-	\$20.00
		Dishes and utensils in kitchen	-	\$100.00
		Table and chairs in dining room	-	\$100.00
		Buffet in dining room	-	\$100.00
		China and glassware in dining room	-	\$50.00
		Rugs in bedrooms	-	\$50.00
		Beds in bedrooms	-	\$250.00
		Bedding in bedrooms	-	\$100.00
		Dressers in bedrooms	-	\$300.00
		Desk, chairs, and tables in bedrooms	-	\$40.00
		TVs and stereos in bedrooms	-	\$125.00
		Bookcases in bedrooms	-	\$80.00
		Sofa and chairs in family room	-	\$150.00
		Tables in family room	-	\$50.00
		TV and stereo in family room	-	\$50.00
		Tools	-	\$100.00

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		Lawn mower	-	\$30.00
		Grill	-	\$25.00
		Lawn furniture	-	\$75.00
		Washer and dryer	-	\$300.00
		Laptop and desktop computers	-	\$100.00
		Printer/fax	-	\$50.00
		Xbox 360 and games	-	\$150.00
		Playstation and games	-	\$150.00
		Wii and games	-	\$175.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books and pictures Sentimental value only	-	\$0.00
6. Wearing apparel.		Clothing	-	\$500.00
7. Furs and jewelry.		Diamond ring	-	\$300.00
		Necklace	-	\$200.00
		Miscellaneous jewelry	-	\$200.00
8. Firearms and sports, photographic, and other hobby equipment.		Two (2) cameras	-	\$75.00
		Miscellaneous hobby and sport equipment	-	\$100.00

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Health insurance Through employer	-	\$0.00
		Life insurance (for Mr.) Through employer \$960,000.00 face amount \$0.00 cash value Beneficiaries: Children	-	\$0.00
		Life insurance (for child) Through employer \$10,000.00 face amount \$0.00 cash value Beneficiary: Debtor	-	\$0.00
		Life insurance (for child) Through employer \$10,000.00 face amount \$0.00 cash value Beneficiary: Debtor	-	\$0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Pension Through employer (50% of the balance as of the date of divorce, together with any interest, dividends, gains, or losses on that amount	-	\$31,729.30

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 4*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		arising since that date belongs to Debra Saiz pursuant to Divorce Decree, but she has not taken the steps to divide.)		
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 5

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2014 Chrysler 200	-	\$23,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 6

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
31. Animals.		Two (2) dogs and three (3) cats Sentimental value only	-	\$0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="text-align: right;"> Total > </div>				\$61,742.36

6

continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re **Michael Paul Saiz**

Case No. **14-42047**
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

- ☒ 11 U.S.C. § 522(b)(2)
☐ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on hand	11 U.S.C. § 522(d)(5)	\$2.00	\$2.00
Deposit NorthStar Bank Corinth, Texas (Checking 9639)	11 U.S.C. § 522(d)(5)	\$0.10	\$0.10
Deposit Chase Corinth, Texas (Checking 5325)	11 U.S.C. § 522(d)(5)	\$0.96	\$0.96
Deposit DATCU Denton, Texas (Savings 4701)	11 U.S.C. § 522(d)(5)	\$25.00	\$25.00
Security deposit American Homes 4 Rent Properties Two LLC (Landlord)	11 U.S.C. § 522(d)(5)	\$1,600.00	\$1,600.00
Rugs in living room	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
Sofas and chairs in living room	11 U.S.C. § 522(d)(3)	\$300.00	\$300.00
Tables in living room	11 U.S.C. § 522(d)(3)	\$75.00	\$75.00
Lamps in living room	11 U.S.C. § 522(d)(3)	\$30.00	\$30.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$2,133.06	\$2,133.06

In re **Michael Paul Saiz**

Case No. **14-42047**
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 1

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Window coverings in living room	11 U.S.C. § 522(d)(3)	\$50.00	\$50.00
TV, stereo, and DVD player in living room	11 U.S.C. § 522(d)(3)	\$225.00	\$225.00
Two (2) bookcases in living room	11 U.S.C. § 522(d)(3)	\$20.00	\$20.00
Refrigerator in kitchen	11 U.S.C. § 522(d)(3)	\$400.00	\$400.00
Small appliances in kitchen	11 U.S.C. § 522(d)(3)	\$40.00	\$40.00
Table and chairs in kitchen	11 U.S.C. § 522(d)(3)	\$50.00	\$50.00
Cookware in kitchen	11 U.S.C. § 522(d)(3)	\$20.00	\$20.00
Dishes and utensils in kitchen	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
Table and chairs in dining room	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
Buffet in dining room	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
China and glassware in dining room	11 U.S.C. § 522(d)(3)	\$50.00	\$50.00
Rugs in bedrooms	11 U.S.C. § 522(d)(3)	\$50.00	\$50.00
Beds in bedrooms	11 U.S.C. § 522(d)(3)	\$250.00	\$250.00
Bedding in bedrooms	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
Dressers in bedrooms	11 U.S.C. § 522(d)(3)	\$300.00	\$300.00
Desk, chairs, and tables in bedrooms	11 U.S.C. § 522(d)(3)	\$40.00	\$40.00
TVs and stereos in bedrooms	11 U.S.C. § 522(d)(3)	\$125.00	\$125.00
Bookcases in bedrooms	11 U.S.C. § 522(d)(3)	\$80.00	\$80.00
Sofa and chairs in family room	11 U.S.C. § 522(d)(3)	\$150.00	\$150.00
		\$4,383.06	\$4,383.06

In re **Michael Paul Saiz**

Case No. **14-42047**
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 2

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Tables in family room	11 U.S.C. § 522(d)(3)	\$50.00	\$50.00
TV and stereo in family room	11 U.S.C. § 522(d)(3)	\$50.00	\$50.00
Tools	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
Lawn mower	11 U.S.C. § 522(d)(3)	\$30.00	\$30.00
Grill	11 U.S.C. § 522(d)(3)	\$25.00	\$25.00
Lawn furniture	11 U.S.C. § 522(d)(3)	\$75.00	\$75.00
Washer and dryer	11 U.S.C. § 522(d)(3)	\$300.00	\$300.00
Laptop and desktop computers	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
Printer/fax	11 U.S.C. § 522(d)(3)	\$50.00	\$50.00
Xbox 360 and games	11 U.S.C. § 522(d)(3)	\$150.00	\$150.00
Playstation and games	11 U.S.C. § 522(d)(3)	\$150.00	\$150.00
Wii and games	11 U.S.C. § 522(d)(3)	\$175.00	\$175.00
Books and pictures Sentimental value only	11 U.S.C. § 522(d)(3)	\$0.00	\$0.00
Clothing	11 U.S.C. § 522(d)(3)	\$500.00	\$500.00
Diamond ring	11 U.S.C. § 522(d)(4)	\$300.00	\$300.00
Necklace	11 U.S.C. § 522(d)(4)	\$200.00	\$200.00
Miscellaneous jewelry	11 U.S.C. § 522(d)(4)	\$200.00	\$200.00
Two (2) cameras	11 U.S.C. § 522(d)(3)	\$75.00	\$75.00
Miscellaneous hobby and sport equipment	11 U.S.C. § 522(d)(5)	\$100.00	\$100.00
		\$7,013.06	\$7,013.06

In re **Michael Paul Saiz**Case No. **14-42047**

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT*Continuation Sheet No. 3*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Health insurance Through employer	11 U.S.C. § 522(d)(5)	\$0.00	\$0.00
Life insurance (for Mr.) Through employer \$960,000.00 face amount \$0.00 cash value Beneficiaries: Children	11 U.S.C. § 522(d)(7)	\$0.00	\$0.00
Life insurance (for child) Through employer \$10,000.00 face amount \$0.00 cash value Beneficiary: Debtor	11 U.S.C. § 522(d)(7)	\$0.00	\$0.00
	11 U.S.C. § 522(d)(5)	\$0.00	
Life insurance (for child) Through employer \$10,000.00 face amount \$0.00 cash value Beneficiary: Debtor	11 U.S.C. § 522(d)(7)	\$0.00	\$0.00
	11 U.S.C. § 522(d)(5)	\$0.00	
Pension Through employer (50% of the balance as of the date of divorce, together with any interest, dividends, gains, or losses on that amount arising since that date belongs to Debra Saiz pursuant to Divorce Decree, but she has not taken the steps to divide.)	11 U.S.C. § 522(d)(10)(E)	\$31,729.30	\$31,729.30
	11 U.S.C. § 522(d)(5)	\$0.00	
2014 Chrysler 200	11 U.S.C. § 522(d)(2)	\$0.00	\$23,000.00
Two (2) dogs and three (3) cats Sentimental value only	11 U.S.C. § 522(d)(3)	\$0.00	\$0.00
		\$38,742.36	\$61,742.36

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:		DATE INCURRED: 4/14 NATURE OF LIEN: Purchase Money COLLATERAL: 2014 Chrysler 200 REMARKS:					
Chrysler Capital PO Box 660335 Dallas TX 75266-0335	-	VALUE: \$23,000.00				\$45,500.00	\$22,500.00
Subtotal (Total of this Page) >						\$45,500.00	\$22,500.00
Total (Use only on last page) >						\$45,500.00	\$22,500.00

No continuation sheets attached(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

In re **Michael Paul Saiz**

Case No. **14-42047**

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☒ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

In re **Michael Paul Saiz**Case No. **14-42047**

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia PA 19101-7346	X -	DATE INCURRED: 2013 CONSIDERATION: Taxes REMARKS:				\$1,291.86	\$1,291.86	\$0.00
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$1,291.86	\$1,291.86	\$0.00
Subtotals (Totals of this page) >								
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)								
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								

In re **Michael Paul Saiz**Case No. **14-42047**

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY	Domestic Support Obligations
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: Debra Saiz PO Box 672496 Chugiak AK 99567	-	DATE INCURRED: 2014 CONSIDERATION: Spousal Maintenance REMARKS: \$1,400.00 per month. Debtor is current.				\$0.00	\$0.00	\$0.00
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$0.00	\$0.00	\$0.00
Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$1,291.86		
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$1,291.86	\$0.00

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: ADT Security Services PO Box 631877 Irving TX 75063-0030	X -	DATE INCURRED: 2013 CONSIDERATION: Miscellaneous REMARKS:				\$262.63
ACCT #: Allgate Financial LLC 707 Skokie Boulevard Suite 375 Northbrook IL 60062	X -	DATE INCURRED: 7/12 CONSIDERATION: Collecting for - Lowes MBGA GEMB REMARKS:				Notice Only
ACCT #: Allied Interstate 3000 Corporate Exchange Drive Columbus OH 43231	X -	DATE INCURRED: 3/12 CONSIDERATION: Collecting for - Lowes MBGA GEMB REMARKS:				Notice Only
ACCT #: AmerAssist A R Solutions Inc PO Box 26095 Columbus OH 43226	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Hickory Creek Dental Group & Orth REMARKS:				Notice Only
ACCT #: American Current Care TX c/o Receivable Solutions Specialist Inc PO Box 669 Natchez MS 39121-0669	X -	DATE INCURRED: 2013 CONSIDERATION: Medical REMARKS:				\$20.08
ACCT #: American Express American Express Special Research PO Box 981540 El Paso TX 79998	-	DATE INCURRED: 3/11 - 12 CONSIDERATION: Credit Card REMARKS:				\$917.00
Subtotal >						\$1,199.71
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: American Home Shield PO Box 2803 Memphis TN 38101-2803	X -	DATE INCURRED: 2014 CONSIDERATION: Miscellaneous REMARKS:				\$336.98
ACCT #: American Homes 4 Rent Properties Two LLC 630 Trade Center Drive Las Vegas NV 89119	-	DATE INCURRED: 4/14 CONSIDERATION: Miscellaneous REMARKS: Landlord				\$9,600.00
ACCT #: Apria Healthcare PO Box 802826 Chicago IL 60680-2826	-	DATE INCURRED: 9/9/11 CONSIDERATION: Medical REMARKS:				\$155.00
ACCT #: ARS National Services Inc PO Box 469046 Escondido CA 92029-9046	-	DATE INCURRED: 2012 CONSIDERATION: Collecting for - Chase REMARKS:				Notice Only
ACCT #: Audit & Adjustment Company Inc PO Box 1959 Lynnwood WA 98046-1959	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - GESA Credit Union REMARKS:				Notice Only
ACCT #: Bank of America PO Box 982235 El Paso TX 79998	X -	DATE INCURRED: 5/05 - 12 CONSIDERATION: Credit Card REMARKS:				\$5,712.00
Sheet no. <u>1</u> of <u>14</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$15,803.98
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Book of the Month PO Box 916400 Rantoul IL 61866	X -	DATE INCURRED: 10/11 CONSIDERATION: Miscellaneous REMARKS:				\$48.00
ACCT #: BTDI JV LLP PO Box 102107 Atlanta GA 30368-2107	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$10.00
ACCT #: Buckley Madole PC 9441 LBJ Freeway Suite 250 Dallas TX 75243	X -	DATE INCURRED: 2013 CONSIDERATION: Collecting for - Wells Fargo Home Mortgage REMARKS:				Notice Only
ACCT #: CACH LLC Square Two Financial Attention Bankruptcy 4340 South Monaco St 2nd Floor Denver CO 80237	X -	DATE INCURRED: 4/12 CONSIDERATION: Collecting for - Citibank South Dakota NA REMARKS:				Notice Only
ACCT #: Capital Management Services LP 698 1/2 South Ogden Street Buffalo NY 14206-2317	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Citibank Sd Na REMARKS:				Notice Only
ACCT #: Cardiovascular Specialists PA PO Box 975306 Dallas TX 75397-5306	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$9.72

Sheet no. 2 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$67.72

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: CBCS PO Box 2589 Columbus OH 43216	-	DATE INCURRED: 3/12 CONSIDERATION: Collecting for - Apria Healthcare REMARKS:				Notice Only
ACCT #: Chase PO Box 15298 Wilmington DE 19850	X -	DATE INCURRED: 5/08 - 12 CONSIDERATION: Credit Card REMARKS:				\$4,883.00
ACCT #: Chase PO Box 15298 Wilmington DE 19850	X -	DATE INCURRED: 9/07 - 12 CONSIDERATION: Credit Card REMARKS:				\$4,034.00
ACCT #: Citibank Sd Na Attention Centralized Bankruptcy PO Box 20363 Kansas City MO 64195	X -	DATE INCURRED: 1/09 - 12 CONSIDERATION: Credit Card REMARKS: Sears				\$13,385.95
ACCT #: Citibank Sd Na Attention Centralized Bankruptcy PO Box 20363 Kansas City MO 64195	X -	DATE INCURRED: 9/07 - 12 CONSIDERATION: Credit Card REMARKS:				\$15,326.00
ACCT #: City of Corinth Tax Collector 2003 South Corinth Street Corinth TX 76205	-	DATE INCURRED: 2014 CONSIDERATION: Real property REMARKS:				Notice Only
Sheet no. 3 of 14 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$37,628.95
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Client Services Inc 3451 Harry Truman Boulevard Saint Charles MO 63301-4047	X -	DATE INCURRED: 4/12 CONSIDERATION: Collecting for - Chase REMARKS:				Notice Only
ACCT #: Comenity Bank Fashion Bug Attention Bankruptcy PO Box 182686 Columbus OH 43218	X -	DATE INCURRED: 6/10 - 12 CONSIDERATION: Credit Card REMARKS:				\$662.00
ACCT #: Credit Corp Solutions Inc 9450 Mira Mesa Boulevard Suite C Box 363 San Diego CA 92126-4850	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Lowes MBGA GEMB REMARKS:				Notice Only
ACCT #: D & D Sports Med Denton 2318 San Jancinto Suite 108 Denton TX 76205	-	DATE INCURRED: 2014 CONSIDERATION: Medical REMARKS:				\$77.69
ACCT #: Dell Financial Services Attention Bankruptcy PO Box 81577 Austin TX 78708	X -	DATE INCURRED: 11/11 - 12 CONSIDERATION: Credit Card REMARKS:				\$1,885.00
ACCT #: Denton County Tax Collector PO Box 90204 Denton TX 76202-5204	-	DATE INCURRED: 2014 CONSIDERATION: Real property REMARKS:				Notice Only

Sheet no. **4** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$2,624.69

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Denton ISD Tax Collector c/o Denton County PO Box 90204 Denton TX 76202-5204	-	DATE INCURRED: 2014 CONSIDERATION: Real property REMARKS:				Notice Only
ACCT #: Denton Regional Medical Center PO Box 740782 Cincinnati OH 45274-0782	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$150.00
ACCT #: DirecTV PO Box 78626 Phoenix AZ 85062-8626	X -	DATE INCURRED: 2014 CONSIDERATION: Miscellaneous REMARKS:				\$300.09
ACCT #: GE Money Bank Walmart Attention Bankruptcy PO Box 103104 Roswell GA 30076	X -	DATE INCURRED: 6/10 - 12 CONSIDERATION: Credit Card REMARKS:				\$884.00
ACCT #: GECRB JC Penney Attention Bankruptcy PO Box 103104 Roswell GA 30076	X -	DATE INCURRED: 8/10 - 12 CONSIDERATION: Credit Card REMARKS:				\$689.00
ACCT #: Georgias Own Credit Union 825 Goethals Drive Richland WA 99352	X -	DATE INCURRED: 9/05 - 12 CONSIDERATION: Credit Card REMARKS:				\$14,403.00
Sheet no. 5 of 14 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$16,426.09
						Total >
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Georgias Own Credit Union 825 Goethals Drive Richland WA 99352	X -	DATE INCURRED: 8/98 - 12 CONSIDERATION: Miscellaneous REMARKS:				\$7,467.00
ACCT #: GESA Credit Union 51 Gage Boulevard Richland WA 99352	X -	DATE INCURRED: 8/05 - 12 CONSIDERATION: Miscellaneous REMARKS:				\$12,033.00
ACCT #: GESA Credit Union 51 Gage Boulevard Richland WA 99352	X -	DATE INCURRED: 05 - 12 CONSIDERATION: Miscellaneous REMARKS:				\$10,673.79
ACCT #: Hickory Creek Dental Group & Orthodontics 5017 Teasley Lane Suite 165 Denton TX 76210	X -	DATE INCURRED: 2013 CONSIDERATION: Medical REMARKS:				\$533.60
ACCT #: Inova Fairfax Hospital PO Box 37019 Baltimore MD 21297-3019	X -	DATE INCURRED: 2/18/11 CONSIDERATION: Medical REMARKS:				\$150.00
ACCT #: Inova Fairfax Hospital PO Box 37019 Baltimore MD 21297-3019	X -	DATE INCURRED: 2/19/11 CONSIDERATION: Medical REMARKS:				\$150.00
Sheet no. 6 of 14 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$31,007.39
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: J David Evanich MD PA Orthopedic Associates 5000 Long Prairie Road Flower Mound TX 75028-2783	-	DATE INCURRED: 2013 CONSIDERATION: Medical REMARKS:				\$206.23
ACCT #: Javitch Block & Rathbone LLC 1100 Superior Avenue 18th Floor Cleveland OH 44114-2518	X -	DATE INCURRED: 7/12 CONSIDERATION: Collecting for - Lowes MBGA GEMB REMARKS:				Notice Only
ACCT #: Kohls Capone PO Box 3115 Milwaukee WI 53201	X -	DATE INCURRED: 7/07 - 12 CONSIDERATION: Credit Card REMARKS:				\$896.00
ACCT #: Lake Cities Fire Department PO Box 227016 Dallas TX 75222	X -	DATE INCURRED: 9/3/10 CONSIDERATION: Medical REMARKS:				\$109.50
ACCT #: Law Offices of Ross Gelfand LLC PO Box 1870 Roswell GA 30077	X -	DATE INCURRED: 8/12 CONSIDERATION: Collecting for - Georgias Own Credit Union REMARKS:				Notice Only
ACCT #: Lowes MBGA GEMB Attention Bankruptcy PO Box 103104 Roswell GA 30076	X -	DATE INCURRED: 3/09 - 12 CONSIDERATION: Credit Card REMARKS:				\$1,548.00

Sheet no. 7 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$2,759.73

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Lowes MBGA GEMB Attention Bankruptcy PO Box 103104 Roswell GA 30076	X -	DATE INCURRED: 3/09 - 12 CONSIDERATION: Credit Card REMARKS:				\$1,404.14
ACCT #: Ltd Financial Services LP 7322 Southwest Freeway Suite 1600 Houston TX 77074-2053	X -	DATE INCURRED: 5/12 CONSIDERATION: Collecting for - Chase REMARKS:				Notice Only
ACCT #: Medical Edge Healthcare Grp PA PO Box 650058 Dallas TX 75265-0058	X -	DATE INCURRED: 9/10 CONSIDERATION: Medical REMARKS:				\$155.00
ACCT #: Medical Revenue Service 645 Walnut Street Suite 5 Gadsden AL 35902	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Texas Health Presbyterian Hospita REMARKS:				Notice Only
ACCT #: Midland Funding 8875 Aero Drive Suite 200 San Diego CA 92123	X -	DATE INCURRED: 6/13 CONSIDERATION: Collecting for - Lowes MBGA GEMB REMARKS:				Notice Only
ACCT #: Nationwide Credit Inc PO Box 26314 Lehigh Valley PA 18002	-	DATE INCURRED: 2012 CONSIDERATION: Collecting for - American Express REMARKS:				Notice Only

Sheet no. 8 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$1,559.14

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: NCB Management Services Inc PO Box 1099 Langhorne PA 19047	X -	DATE INCURRED: 3/12 CONSIDERATION: Collecting for - Bank of America REMARKS:				Notice Only
ACCT #: NCO Financial Systems Inc 4740 Baxter Road Virginia Beach VA 23462	X -	DATE INCURRED: 3/12 CONSIDERATION: Collecting for - GE Money Bank Walmart REMARKS:				Notice Only
ACCT #: NCO Financial Systems Inc Dallas PO Box 15393 Wilmington DE 19850	-	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Denton Regional Medical Center REMARKS:				Notice Only
ACCT #: North Texas Hand Center PA 3201 Colorado Boulevard Suite 103 Denton TX 76210	-	DATE INCURRED: 2/14 CONSIDERATION: Medical REMARKS:				\$131.02
ACCT #: Northland Group Inc PO Box 390846 Minneapolis MN 55439	X -	DATE INCURRED: 2012 CONSIDERATION: Collecting for - Citibank Sd Na REMARKS:				Notice Only
ACCT #: Oakmont Country Club Est POA c/o Vision Communities Mgmt 6305 Preston Road Suite 900 Plano TX 75024	X -	DATE INCURRED: 2014 CONSIDERATION: Deficiency REMARKS:			X	\$0.00

Sheet no. 9 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$131.02

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: P Scott Lowery PC 5680 Greenwood Plaza Boulevard Suite 500 Greenwood Village CO 80111	X -	DATE INCURRED: 5/12 CONSIDERATION: Collecting for - Citibank Sd Na REMARKS:				Notice Only
ACCT #: Paramount Recovery Systems Attention Bankruptcy PO Box 788 Lorena TX 76655	X -	DATE INCURRED: 1/11 CONSIDERATION: Collecting for - Questcare ER Denton REMARKS:				Notice Only
ACCT #: Penncro Associates Inc PO Box 3003 Phoenixville PA 19460	X -	DATE INCURRED: 12/2011 CONSIDERATION: Collecting for - Bank of America REMARKS:				Notice Only
ACCT #: Philip B Willette Attorney PO Box 26042 Columbus OH 43226	X -	DATE INCURRED: 2014 CONSIDERATION: Attorney for - Hickory Creek Dental Group & Orthodontics REMARKS:				Notice Only
ACCT #: Pinnacle Anesthesia Consultants Irving Radiological Associates PO Box 650426 Dallas TX 75265-0426	-	DATE INCURRED: 2013 CONSIDERATION: Medical REMARKS:				\$199.21
ACCT #: Portfolio Recovery Associates Attention Bankruptcy PO Box 41067 Norfolk VA 23541	X -	DATE INCURRED: 5/12 CONSIDERATION: Collecting for - GECRB JC Penney REMARKS:				Notice Only

Sheet no. 10 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$199.21

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Quest Diagnostics PO Box 740779 Cincinnati OH 45274-0779	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$2.94
ACCT #: Questcare ER Denton c/o Paramount Recovery Systems Attention Bankruptcy PO Box 788 Lorena TX 76655	X -	DATE INCURRED: 2010 CONSIDERATION: Medical REMARKS:				\$27.00
ACCT #: Questcare Medical Services PA PO Box 201611 Dallas TX 75320-1611	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$18.06
ACCT #: Receivable Solutions Specialist Inc PO Box 669 Natchez MS 39121-0669	X -	DATE INCURRED: 2013 CONSIDERATION: Collecting for - American Current Care TX REMARKS:				Notice Only
ACCT #: SRA Associates Inc 401 Minnetonka Road Hi Nella NJ 08083	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Wfs Financial REMARKS:				Notice Only
ACCT #: State Collection Service 2509 South Stoughton Road Suite 100 Madison WI 53716	-	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Apria Healthcare REMARKS:				Notice Only

Sheet no. 11 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$48.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Sunrise Credit Services Inc PO Box 9100 Farmingdale NY 11735-9100	X -	DATE INCURRED: 05/2012 CONSIDERATION: Collecting for - Bank of America REMARKS:				Notice Only
ACCT #: Surgery Associates of North Texas 3322 Colorado Boulevard Suite 101 Denton TX 76210-6889	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$2.89
ACCT #: Synerprise Consulting Service Inc PO Box 957 Shawnee Mission KS 66201	-	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Pinnacle Anesthesia Consultants REMARKS:				Notice Only
ACCT #: Texas Health Physician Group PO Box 732262 Dallas TX 75373-2262	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$14.09
ACCT #: Texas Health Presbyterian Hospital PO Box 677300 Dallas TX 75267-7300	-	DATE INCURRED: 12/13 CONSIDERATION: Medical REMARKS:				\$518.58
ACCT #: Transworld Systems Inc 507 Prudential Road Horsham PA 19044	-	DATE INCURRED: 2014 CONSIDERATION: Collecting for - North Texas Hand Center PA REMARKS:				Notice Only
Sheet no. 12 of 14 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$535.56
						Total >
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Transworld Systems Inc 507 Prudential Road Horsham PA 19044	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - American Home Shield REMARKS:				Notice Only
ACCT #: US Department of HUD Housing & Urban Development 801 Cherry Street Unit 45 Fort Worth TX 76102-6882	X -	DATE INCURRED: 2014 CONSIDERATION: Deficiency REMARKS:			X	\$0.00
ACCT #: Vision Communities Mgmt 6305 Preston Road Suite 900 Plano TX 75024	X -	DATE INCURRED: 2014 CONSIDERATION: Collecting for - Oakmont Country Club Est POA REMARKS:				Notice Only
ACCT #: Wells Fargo Card Services PO Box 14517 Des Moines IA 50306	X -	DATE INCURRED: 6/07 - 12 CONSIDERATION: Credit Card REMARKS:				\$6,456.00
ACCT #: Wells Fargo Home Mortgage Bankruptcy Department MAC X7802-029 3476 Stateview Boulevard Fort Mill SC 29715	X -	DATE INCURRED: 2014 CONSIDERATION: Deficiency REMARKS:				\$42,004.00
ACCT #: West Asset Management Inc PO Box 790113 Saint Louis MO 63179-0113	-	DATE INCURRED: 06/2012 CONSIDERATION: Collecting for - Apria Healthcare REMARKS:				Notice Only

Sheet no. **13** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$48,460.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Wfs Financial Wachovia Dealer Srvs PO Box 3569 Rancho Cucamonga CA 91729	X -	DATE INCURRED: 2014 CONSIDERATION: Deficiency REMARKS:				\$13,862.56
ACCT #: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
ACCT #: Internal Revenue Service 1100 Commerce Stop 5025DAL Dallas, TX 75242		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
ACCT #: United States Attorney's Office 110 North College Avenue, Suite 700 Tyler, Texas 75702-0204		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				
ACCT #: United States Trustee 110 North College Avenue, Suite 300 Tyler, Texas 75702-7231		DATE INCURRED: CONSIDERATION: Required Notification REMARKS:				

Sheet no. 14 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$13,862.56

Total >

\$172,313.75(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re **Michael Paul Saiz**Case No. **14-42047**
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
American Homes 4 Rent Properties Two LLC 630 Trade Center Drive Las Vegas NV 89119	Lease on 1715 Ash Lane, Corinth, TX 76210 Contract to be ASSUMED

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	ADT Security Services PO Box 631877 Irving TX 75063-0030
Debra Saiz PO Box 672496 Chugiak AK 99567	Allgate Financial LLC 707 Skokie Boulevard Suite 375 Northbrook IL 60062
Debra Saiz PO Box 672496 Chugiak AK 99567	Allied Interstate 3000 Corporate Exchange Drive Columbus OH 43231
Debra Saiz PO Box 672496 Chugiak AK 99567	AmerAssist A R Solutions Inc PO Box 26095 Columbus OH 43226
Debra Saiz PO Box 672496 Chugiak AK 99567	American Current Care TX c/o Receivable Solutions Specialist Inc PO Box 669 Natchez MS 39121-0669
Debra Saiz PO Box 672496 Chugiak AK 99567	American Home Shield PO Box 2803 Memphis TN 38101-2803
Debra Saiz PO Box 672496 Chugiak AK 99567	Audit & Adjustment Company Inc PO Box 1959 Lynnwood WA 98046-1959

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 1*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	Bank of America PO Box 982235 El Paso TX 79998
Debra Saiz PO Box 672496 Chugiak AK 99567	Book of the Month PO Box 916400 Rantoul IL 61866
Debra Saiz PO Box 672496 Chugiak AK 99567	Buckley Madole PC 9441 LBJ Freeway Suite 250 Dallas TX 75243
Debra Saiz PO Box 672496 Chugiak AK 99567	CACH LLC Square Two Financial Attention Bankruptcy 4340 South Monaco St 2nd Floor Denver CO 80237
Debra Saiz PO Box 672496 Chugiak AK 99567	Capital Management Services LP 698 1/2 South Ogden Street Buffalo NY 14206-2317
Debra Saiz PO Box 672496 Chugiak AK 99567	Chase PO Box 15298 Wilmington DE 19850
Debra Saiz PO Box 672496 Chugiak AK 99567	Chase PO Box 15298 Wilmington DE 19850

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 2*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	Citibank Sd Na Attention Centralized Bankruptcy PO Box 20363 Kansas City MO 64195
Debra Saiz PO Box 672496 Chugiak AK 99567	Citibank Sd Na Attention Centralized Bankruptcy PO Box 20363 Kansas City MO 64195
Debra Saiz PO Box 672496 Chugiak AK 99567	Client Services Inc 3451 Harry Truman Boulevard Saint Charles MO 63301-4047
Debra Saiz PO Box 672496 Chugiak AK 99567	Comenity Bank Fashion Bug Attention Bankruptcy PO Box 182686 Columbus OH 43218
Debra Saiz PO Box 672496 Chugiak AK 99567	Credit Corp Solutions Inc 9450 Mira Mesa Boulevard Suite C Box 363 San Diego CA 92126-4850
Debra Saiz PO Box 672496 Chugiak AK 99567	Dell Financial Services Attention Bankruptcy PO Box 81577 Austin TX 78708
Debra Saiz PO Box 672496 Chugiak AK 99567	DirecTV PO Box 78626 Phoenix AZ 85062-8626

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 3*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	GE Money Bank Walmart Attention Bankruptcy PO Box 103104 Roswell GA 30076
Debra Saiz PO Box 672496 Chugiak AK 99567	GECRB JC Penney Attention Bankruptcy PO Box 103104 Roswell GA 30076
Debra Saiz PO Box 672496 Chugiak AK 99567	Georgias Own Credit Union 825 Goethals Drive Richland WA 99352
Debra Saiz PO Box 672496 Chugiak AK 99567	Georgias Own Credit Union 825 Goethals Drive Richland WA 99352
Debra Saiz PO Box 672496 Chugiak AK 99567	GESA Credit Union 51 Gage Boulevard Richland WA 99352
Debra Saiz PO Box 672496 Chugiak AK 99567	GESA Credit Union 51 Gage Boulevard Richland WA 99352
Debra Saiz PO Box 672496 Chugiak AK 99567	Hickory Creek Dental Group & Orthodontics 5017 Teasley Lane Suite 165 Denton TX 76210

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 4*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	Inova Fairfax Hospital PO Box 37019 Baltimore MD 21297-3019
Debra Saiz PO Box 672496 Chugiak AK 99567	Inova Fairfax Hospital PO Box 37019 Baltimore MD 21297-3019
Debra Saiz PO Box 672496 Chugiak AK 99567	Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia PA 19101-7346
Debra Saiz PO Box 672496 Chugiak AK 99567	Javitch Block & Rathbone LLC 1100 Superior Avenue 18th Floor Cleveland OH 44114-2518
Debra Saiz PO Box 672496 Chugiak AK 99567	Kohls Capone PO Box 3115 Milwaukee WI 53201
Debra Saiz PO Box 672496 Chugiak AK 99567	Lake Cities Fire Department PO Box 227016 Dallas TX 75222
Debra Saiz PO Box 672496 Chugiak AK 99567	Law Offices of Ross Gelfand LLC PO Box 1870 Roswell GA 30077

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 5*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	Lowes MBGA GEMB Attention Bankruptcy PO Box 103104 Roswell GA 30076
Debra Saiz PO Box 672496 Chugiak AK 99567	Lowes MBGA GEMB Attention Bankruptcy PO Box 103104 Roswell GA 30076
Debra Saiz PO Box 672496 Chugiak AK 99567	Ltd Financial Services LP 7322 Southwest Freeway Suite 1600 Houston TX 77074-2053
Debra Saiz PO Box 672496 Chugiak AK 99567	Medical Edge Healthcare Grp PA PO Box 650058 Dallas TX 75265-0058
Debra Saiz PO Box 672496 Chugiak AK 99567	Medical Revenue Service 645 Walnut Street Suite 5 Gadsden AL 35902
Debra Saiz PO Box 672496 Chugiak AK 99567	Midland Funding 8875 Aero Drive Suite 200 San Diego CA 92123
Debra Saiz PO Box 672496 Chugiak AK 99567	NCB Management Services Inc PO Box 1099 Langhorne PA 19047

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 6*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	NCO Financial Systems Inc 4740 Baxter Road Virginia Beach VA 23462
Debra Saiz PO Box 672496 Chugiak AK 99567	Northland Group Inc PO Box 390846 Minneapolis MN 55439
Debra Saiz PO Box 672496 Chugiak AK 99567	Oakmont Country Club Est POA c/o Vision Communities Mgmt 6305 Preston Road Suite 900 Plano TX 75024
Debra Saiz PO Box 672496 Chugiak AK 99567	P Scott Lowery PC 5680 Greenwood Plaza Boulevard Suite 500 Greenwood Village CO 80111
Debra Saiz PO Box 672496 Chugiak AK 99567	Paramount Recovery Systems Attention Bankruptcy PO Box 788 Lorena TX 76655
Debra Saiz PO Box 672496 Chugiak AK 99567	Penncro Associates Inc PO Box 3003 Phoenixville PA 19460
Debra Saiz PO Box 672496 Chugiak AK 99567	Philip B Willette Attorney PO Box 26042 Columbus OH 43226

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 7*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	Portfolio Recovery Associates Attention Bankruptcy PO Box 41067 Norfolk VA 23541
Debra Saiz PO Box 672496 Chugiak AK 99567	Questcare ER Denton c/o Paramount Recovery Systems Attention Bankruptcy PO Box 788 Lorena TX 76655
Debra Saiz PO Box 672496 Chugiak AK 99567	Receivable Solutions Specialist Inc PO Box 669 Natchez MS 39121-0669
Debra Saiz PO Box 672496 Chugiak AK 99567	SRA Associates Inc 401 Minnetonka Road Hi Nella NJ 08083
Debra Saiz PO Box 672496 Chugiak AK 99567	Sunrise Credit Services Inc PO Box 9100 Farmingdale NY 11735-9100
Debra Saiz PO Box 672496 Chugiak AK 99567	Transworld Systems Inc 507 Prudential Road Horsham PA 19044
Debra Saiz PO Box 672496 Chugiak AK 99567	US Department of HUD Housing & Urban Development 801 Cherry Street Unit 45 Fort Worth TX 76102-6882

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

SCHEDULE H - CODEBTORS*Continuation Sheet No. 8*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Debra Saiz PO Box 672496 Chugiak AK 99567	Vision Communities Mgmt 6305 Preston Road Suite 900 Plano TX 75024
Debra Saiz PO Box 672496 Chugiak AK 99567	Wells Fargo Card Services PO Box 14517 Des Moines IA 50306
Debra Saiz PO Box 672496 Chugiak AK 99567	Wells Fargo Home Mortgage Bankruptcy Department MAC X7802-029 3476 Stateview Boulevard Fort Mill SC 29715
Debra Saiz PO Box 672496 Chugiak AK 99567	Wfs Financial Wachovia Dealer Srvs PO Box 3569 Rancho Cucamonga CA 91729

Fill in this information to identify your case:

Debtor 1	Michael	Paul	Saiz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF TEXAS		
Case number (if known)	14-42047		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****Debtor 1**

- ☐ Employed
- ☒ Not employed

Number Street

City

State Zip Code

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Number Street

City

State Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$2,015.00	
3. Estimate and list monthly overtime pay.	3. + \$0.00	
4. Calculate gross income. Add line 2 + line 3.	4. \$2,015.00	

Debtor 1 **Michael****Paul**

Document Page 43 of 65

Case number (if known) **14-42047**

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$2,015.00	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,015.00	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,015.00	11. + \$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		12. \$2,015.00 Combined monthly income
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.		
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>	<u>Paul</u>	<u>Saiz</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>14-42047</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>18</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>21</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4. \$1,620.00

4a. _____

4b. _____

4c. _____

4d. _____

Debtor 1 **Michael**
First Name**Paul**
Middle Name**Saiz**
Last NameCase number (if known) **14-42047****Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$300.00
6b. Water, sewer, garbage collection	6b.	\$53.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$493.00
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	\$350.00
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	\$40.00
10. Personal care products and services	10.	\$20.00
11. Medical and dental expenses	11.	\$235.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$340.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	\$135.00
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2014 Chrysler 200	17a.	\$650.00
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Michael**
First Name**Paul**
Middle Name**Saiz**
Last NameCase number (if known) **14-42047**

21. Other. Specify: See continuation sheet	21. + \$90.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. \$4,326.00
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$2,015.00
23b. Copy your monthly expenses from line 22 above.	23b. \$4,326.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. (\$2,311.00)

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

None.

Debtor 1 **Michael** **Paul** **Saiz** Document Page 47 of 65 Case number (if known) **14-42047**
First Name Middle Name Last Name

21. Other. Specify:

Tags/Inspection fees	\$10.00
Toll Tags	\$30.00
Vehicle repair expense	\$50.00

Total:

\$90.00

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

In re **Michael Paul Saiz**

Case No. **14-42047**

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$0.00			
B - Personal Property	Yes	7	\$61,742.36			
C - Property Claimed as Exempt	Yes	4				
D - Creditors Holding Secured Claims	Yes	1			\$45,500.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3			\$1,291.86	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15			\$172,313.75	
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	9				
I - Current Income of Individual Debtor(s)	Yes	2				\$2,015.00
J - Current Expenditures of Individual Debtor(s)	Yes	4				\$4,326.00
TOTAL		47	\$61,742.36	\$219,105.61		

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

In re **Michael Paul Saiz**

Case No. **14-42047**

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$1,291.86
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$1,291.86

State the following:

Average Income (from Schedule I, Line 12)	\$2,015.00
Average Expenses (from Schedule J, Line 22)	\$4,326.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$11,027.50

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$22,500.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$1,291.86	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$172,313.75
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$194,813.75

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Michael Paul Saiz**Case No. **14-42047**

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 49 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 5/28/2015Signature /s/ Michael Paul Saiz
Michael Paul Saiz

Date _____

Signature _____

[If joint case, both spouses must sign.]

Document Page 51 of 65
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

In re: **Michael Paul Saiz**Case No. **14-42047**

(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$95,114.84	2014 - Employment
\$114,201.00	2013 - Employment
\$120,722.00	2012 - Employment

2. Income other than from employment or operation of business

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$2,079.00	2012 - Internal Revenue Service, Austin, TX 73301
\$62.00	2012 - Taxable interest
\$3,860.00	2013 - Cancelled debt

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

☐

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Chrysler Capital PO Box 660335 Dallas TX 75266-0335	9/14	\$650.00	\$45,500.00
	8/14	\$650.00	
	7/14	\$650.00	
American Homes 4 Rent Properties Two LLC 630 Trade Center Drive Las Vegas NV 89119 (Landlord)	9/14	\$1,600.00	\$9,600.00
	8/14	\$1,600.00	
	7/14	\$1,600.00	

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

In re: **Michael Paul Saiz**

Case No. **14-42047**
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 1

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
In the Matter of the Marriage of Michael Paul Saiz and Debra Rene Saiz 2013-61574-393	Divorce	In the District Court 393rd Judicial District Denton County, Texas	Final

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Wells Fargo Home Mortgage Bankruptcy Department MAC X7802-029 3476 Stateview Boulevard Fort Mill SC 29715	2/4/14	2102 Birdwood Circle, Corinth, TX 76210 \$239,045.00
Wfs Financial Wachovia Dealer Srvs PO Box 3569 Rancho Cucamonga CA 91729	1/14	2007 Cadillac \$10,100.00

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

In re: **Michael Paul Saiz**

Case No. 14-42047
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

7. Gifts

None ☒ List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Martha Grisham Stahr 4251 FM 2181 Suite 230-235 Corinth, TX 76210	9/25/14 Under the Chapter 13 Plan	\$29.00 - Increase in filing fee \$600.00 - Martha Stahr, Attorney
Merv Waage 8350 South Stemmons Hickory Creek, TX 75065	4/5/12 5/9/12 5/9/12 6/1/12 6/15/12	\$200.00 - Partial filing fee \$81.00 - Remainder of filing fee \$419.00 - Merv Waage, Attorney \$500.00 - Merv Waage, Attorney \$1,506.00 - Merv Waage, Attorney
Abacus Credit Counseling 17337 Ventura Boulevard Suite 226 Encino, CA 91316	9/21/14	\$25.00

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Classic Dodge Chrysler Jeep 4984 South Interstate 35 E Denton, TX 76210 (No relation)	4/17/14	2008 Dodge \$11,500.00, but Debtor did not receive the money as the dealership paid off the loan.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

In re: **Michael Paul Saiz**

Case No. 14-42047
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None
☒

11. Closed financial accounts

None
☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
NorthStar Bank Corinth, Texas	Checking 3808 \$0.00	\$0.00 12/4/13

12. Safe deposit boxes

None
☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None
☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None
☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None
☐ If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1715 Ash Lane Corinth, TX 76210	Same	4/1/14 - present
2102 Birdwood Circle Corinth, TX 76210	Same	1/08 - 4/1/14

16. Spouses and Former Spouses

None
☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME
Debra Saiz

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

In re: **Michael Paul Saiz**

Case No. 14-42047
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

In re: **Michael Paul Saiz**

Case No. 14-42047
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☒ a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.
- None ☒ b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.
- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.
- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.
- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.
- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.
- None ☒ b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION

In re: **Michael Paul Saiz**

Case No. 14-42047
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 6

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 5/28/2015

Signature /s/ Michael Paul Saiz
of Debtor Michael Paul Saiz

Date _____

Signature _____
of Joint Debtor
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571*

B 22C (Official Form 22C) (Chapter 13) (04/13)In re: **Michael Paul Saiz**Case Number: **14-42047**

According to the calculations required by this statement:

- ☐ The applicable commitment period is 3 years.
☒ The applicable commitment period is 5 years.
☒ Disposable income is determined under § 1325(b)(3).
☐ Disposable income is not determined under § 1325(b)(3).
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME					
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.				
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$11,027.50	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
	a.	Gross receipts	\$0.00		
	b.	Ordinary and necessary business expenses	\$0.00		
	c.	Business income	Subtract Line b from Line a	\$0.00	
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.				
	a.	Gross receipts	\$0.00		
	b.	Ordinary and necessary operating expenses	\$0.00		
	c.	Rent and other real property income	Subtract Line b from Line a	\$0.00	
5	Interest, dividends, and royalties.			\$0.00	
6	Pension and retirement income.			\$0.00	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$0.00	
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act		Debtor \$0.00	Spouse	\$0.00
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a.				
	b.				
				\$0.00	

B 22C (Official Form 22C) (Chapter 13) (04/13)

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$11,027.50
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$11,027.50

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.	\$11,027.50									
13	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 13.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											
14	Subtract Line 13 from Line 12 and enter the result.	\$11,027.50									
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$132,330.00									
16	<p>Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>Texas</u> b. Enter debtor's household size: <u>3</u></p>	\$60,440.00									
17	<p>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>										

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.	\$11,027.50									
19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table> <p>Total and enter on Line 19.</p>	a.			b.			c.			\$0.00
a.											
b.											
c.											

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$11,027.50
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$132,330.00
22	Applicable median family income. Enter the amount from Line 16.	\$60,440.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number or persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$1,249.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.				
	Persons under 65 years of age		Persons 65 years of age or older		
	a1.	Allowance per person		a2.	Allowance per person
		\$60.00			\$144.00
	b1.	Number of persons		b2.	Number of persons
		3			0
	c1.	Subtotal		c2.	Subtotal
		\$180.00			\$0.00
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$607.00

B 22C (Official Form 22C) (Chapter 13) (04/13)

25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" data-bbox="207 359 1369 510"> <tr> <td data-bbox="215 359 256 394">a.</td> <td data-bbox="264 359 1019 394">IRS Housing and Utilities Standards; mortgage/rent expense</td> <td data-bbox="1027 359 1360 394" style="text-align: right;">\$1,525.00</td> </tr> <tr> <td data-bbox="215 394 256 468">b.</td> <td data-bbox="264 394 1019 468">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td data-bbox="1027 394 1360 468" style="text-align: right;">\$0.00</td> </tr> <tr> <td data-bbox="215 468 256 510">c.</td> <td data-bbox="264 468 1019 510">Net mortgage/rental expense</td> <td data-bbox="1027 468 1360 510">Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$1,525.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$0.00	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$1,525.00
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$1,525.00									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$0.00									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>										
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$277.00									
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$0.00									

B 22C (Official Form 22C) (Chapter 13) (04/13)

28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	\$517.00
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$650.00
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a. \$0.00
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.		\$2,764.80
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.		\$0.00
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.		\$357.60
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.		\$1,699.15
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$0.00
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.		\$0.00
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.		\$55.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.		\$50.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		\$8,764.55

Subpart B: Additional Living Expense Deductions**Note: Do not include any expenses that you have listed in Lines 24-37**

39	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$1,056.84</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$59.30</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$0.00</td> </tr> </table> <p>Total and enter on Line 39</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance	\$1,056.84	b.	Disability Insurance	\$59.30	c.	Health Savings Account	\$0.00	<p>\$1,116.14</p>
a.	Health Insurance	\$1,056.84									
b.	Disability Insurance	\$59.30									
c.	Health Savings Account	\$0.00									
40	<p>Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.</p>	<p>\$0.00</p>									
41	<p>Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>	<p>\$0.00</p>									
42	<p>Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.</p>										
43	<p>Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.</p>	<p>\$0.00</p>									
44	<p>Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.</p>										
45	<p>Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.</p>	<p>\$0.00</p>									
46	<p>Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.</p>	<p>\$1,116.14</p>									

Subpart C: Deductions for Debt Payment

47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.			
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
a.	Chrysler Capital	2014 Chrysler 200	\$650.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
b.				<input type="checkbox"/> yes <input type="checkbox"/> no
c.				<input type="checkbox"/> yes <input type="checkbox"/> no
			Total: Add Lines a, b and c	
				\$650.00
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
a.				
b.				
c.				
			Total: Add Lines a, b and c	
				\$0.00
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.			\$31.53
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.			
a.	Projected average monthly chapter 13 plan payment.		\$379.85	
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		7.4 %	
c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b	
				\$28.11
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.			\$709.64
Subpart D: Total Deductions from Income				
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.			\$10,590.33

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$11,027.50
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	

Part VI: ADDITIONAL EXPENSE CLAIMS		
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	
	b.	
	c.	
	Total: Add Lines a, b, and c	\$0.00

Part VII: VERIFICATION	
61	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Date: <u>5/28/2015</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Michael Paul Saiz</u> Michael Paul Saiz </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Date: _____ </div> <div style="width: 45%;"> Signature: _____ <div style="text-align: right; font-size: small;">(Joint Debtor, if any)</div> </div> </div>